

# Fee Schedule

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
A4322	Irrigation syringe, bulb or piston, any size, each.		Y	\$3.11
4803A	All disposable syringes, each.		Y	\$0.21
A4215	Needles only, sterile, any size, each.		Y	65%

## Antiseptics & Germicides

Note: Providers will be reimbursed for only one germicide and one antiseptic per allowable billing period.

A4245	Alcohol wipes (per box of 200)	One (1) box per client, per month.	Y	\$2.27
A4246	Betadine or phisohex solution, per pint.	One (1) pint allowed per client, per month.	Y	\$2.98
A4247	Betadine or iodine swabs/wipes (per box of 100).	One (1) box per client, per month.	Y	\$4.65
A4244	Alcohol or peroxide, per pint.	One (1) pint per client, per six (6) months.	Y	\$0.75
0157B	Disinfectant spray, 12 oz.	One (1) allowed per client, per six (6) months.	Y	\$4.24

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
<b>Dressings and Tapes</b>				
0072B	Sponge, gauze, 2" x 2", each.		Y	\$0.13
0074B	Sponge, gauze, 3" x 3", each		Y	\$0.16
0076B	Sponge, gauze, 4" x 4", each.		Y	\$0.19
0078B	Sponge, IV with slit, 2" x 2", fenestrated, each.		Y	\$0.15
0080B	Sponge, IV with slit, 4" x 4", fenestrated, each.		Y	\$0.27
0082B	IV dressing, 2-3/8" x 2-3/4", each.		Y	\$0.59
0084B	IV dressing, 4" x 4-3/4" (10 x12 cm), each.		Y	\$1.89
0086B	IV dressing, 6" x 8" (15 x 20 cm), each.		Y	\$5.48
0088B	Transparent dressing, 2-1/4" x 3- 1/4", each.		Y	\$0.69
4764A	Clear, porous, plastic, hypoallergenic tape (e.g., Transpore), 1" x 10 yd roll, per roll.		Y	\$1.61
4585A	Paper tape, 1" x 10 yd, per roll.		Y	\$1.55
0094B	Paper tape, 1/2" x 10 yd, per roll.		Y	\$0.95
0095A	Paper tape, 2" x 10 yd, per roll.		Y	\$2.12
4595A	Silk tape (Durapore), 1" x 10 yd, per roll.		Y	\$1.36
0098B	Silk tape (Durapore), 2" x 10 yd, per roll.		Y	\$2.66
4205B	Adhesive pad, sterile, 1-1/2" x 2", each.		Y	\$0.18
4206B	Adhesive pad, sterile, 2" x 3", each.		Y	\$0.21
4207B	Adhesive pad, sterile, 3" x 4", each.		Y	\$0.32
4208B	Nonstick pad, sterile, 1-1/2" x 2", each.		Y	\$0.12
4209B	Nonstick pad, sterile, 2" x 3", each.		Y	\$0.19
4210B	Nonstick pad, sterile, 3" x 4", each.		Y	\$0.23

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

## Infusion Therapy

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
A6216	Gauze, non-impregnated, non-sterile, pad size 16 square inches or less, without adhesive border, each dressing.		Y	\$0.05
<b>IV Poles</b>				
Poles are considered purchased after 1 year.				
E0776-1P	IV pole. <b>Purchase.</b> Modifier required.		Y	\$99.77
E0776-RR	IV pole. <b>Rental per week</b> Modifier required.	1 unit = 1 month	Y	\$9.91 monthly
<b>IV Infusion Pumps</b>				
Considered purchased after 12 month rental. Pump must be new equipment at the beginning of rental. Not to be used in combination with any other infusion pump. .				
0070B-1P	IV pump capable of delivering 3 or more preparations. <b>Purchase.</b> Modifier required.			\$2,622.49
0070B-RR	IV pump capable of delivering 3 or more preparations. <b>Rental per day.</b> Modifier required.	1 unit = 1 day rental.		\$7.90

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

## Infusion Therapy

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
1783E-1P	Ambulatory PCA pump with program flexibility, including PCA, PCA with basal or continuous only modes. Includes administration equipment. Purchase. Modifier required.			\$3,012.84
1783E-RR	Ambulatory PCA pump with program flexibility, including PCA, PCA with basal or continuous only modes. Includes administration equipment. Rental per day. Modifier required.	1 unit = 1 day rental.		\$10.76
1784E-1P	Ambulatory pump – may be used to provide continuous or intermittent drug delivery. <b>Purchase.</b> In the continuous delivery mode, the pump delivers medication at a constant rate. In the intermittent mode, it delivers medication at regular, preset intervals. It is possible to program a second rate between periods or before the original period. Includes administration equipment. Modifier required.			\$4,517.15
1784E-RR	Ambulatory pump - may be used to provide continuous or intermittent drug delivery. <b>Rental per day.</b> In the continuous delivery mode, the pump delivers medication at a constant rate. In the intermittent mode it delivers medication at regular, preset intervals. It is possible to program a second rate between periods or before the original period. Includes administration equipment. Modifier required.	1 unit = 1 day rental.		\$16.14

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
1785E-1P	Variable speed syringe pump, infusion system, designed specifically for intermittent drug delivery. <b>Purchase. Modifier required.</b>		N	\$4,143.16
1785E-RR	Variable speed syringe pump, infusion system, designed specifically for intermittent drug delivery. <b>Rental. Modifier required.</b>	<b>One unit = one day rental.</b>	N	\$39.66
1786E-1P	Ambulatory pump system. Flow/rate range 0.4 - 200 ml/hr. <b>Purchase.</b> Includes alarms for air-in-line, occlusion, and battery error. Includes administration equipment. Modifier required.		N	\$2,022.46
1786E-RR	Ambulatory pump system. Flow/rate range 0.4 – 200 ml/hr. <b>Rental per day.</b> Includes alarms for air-in-line, occlusion, and battery error. Includes administration equipment. Modifier required.	1 unit = 1 day rental.		\$7.23
<b>Housed Needles and Equipment for Needle-Free Systems</b>				
4870B	Adapter set with universal spike and on/off clamp. Included in nursing facility daily rate.			\$2.71
4871B	Shielded plastic pin for accessing "Y" type injection site. Included in nursing facility daily rate.			\$0.54
4872B	Shielded plastic pin for accessing "Y" type injection site with preattached valve. Included in nursing facility daily rate.			\$2.03
4873B	Valve with 19 gauge x 1" needle preattached, not bonded. Included in nursing facility daily rate.			\$1.38

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

## Infusion Therapy

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
4874B	Valve - allows aspiration, injection gravity flow of fluids, Luer taper operated. Included in nursing facility daily rate.			\$1.49
4875B	Heparin lock (Injection site) - Luer lock injection site. Included in nursing facility daily rate.			\$0.86
4876B	Stainless steel needle in protective housing. Included in nursing facility daily rate.			\$1.38
4877B	Winged noncoring infusion needle, 90 degree 6 " tubing with "Y" injection site and on/off clamp. Included in nursing facility daily rate.			\$5.23
4878B	90 degree angled noncoring needle. Included in nursing facility daily rate.			\$1.87
4879B	Noncoring, nonsiliconed needle, 90 degree bend, for Mediport. Included in nursing facility daily rate.			\$3.37
4880B	Dual Luer cap – protects exposed ports, female or male Luers. Included in nursing facility daily rate.			\$0.84
4881B	Replacement cap, male Luer lock nonvented cap. Included in nursing facility daily rate.			\$0.19
4882B	"Gripper" port-a-cath. Included in nursing facility daily rate.			\$6.79
*Not to be used in combination with other parental infusion pump.				
<b>Parenteral Infusion Pumps</b>				
B9004-IP	Parenteral nutrition infusion pump, portable.			\$2,679.50
B9004-RR	Parenteral nutrition infusion pump, portable	<b>1 unit = 1 month</b>		\$267.94

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
E0791-1P	Parenteral infusion pump, stationary, single or multi-channel. (Must be capable or delivering 3 or more preparations.) <b>Purchase.</b> Modifier required.	<b>1 unit = 1 month.</b>		\$2,679.50
E0791-RR	Parenteral infusion pump, stationary, single or multi-channel. (Must be capable of delivering 3 or more preparations.) <b>Rental per month.</b> Modifier required.	<b>1 unit = 1 month.</b>		\$267.94
<b>Parenteral Solutions</b>				
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500ml = 1 unit) – home mix.	Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.		\$13.15
B4168	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) – home mix.	Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.		\$30.75
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit) – home mix.			\$53.06

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

## Infusion Therapy

<b>Code</b>	<b>Description</b>	<b>Maximum # units</b>	<b>Part of NH per diem*</b>	<b>Maximum Allowable Fee</b>
B4176	Parenteral nutrition solution; amino acid, 7.5% through 8.5% (500 ml = 1 unit) – home mix.			\$64.51
B4178	Parenteral nutrition solution; amino acid greater than 8.5% (500 ml = 1 unit) – home mix.			\$72.96
B4180	Parenteral nutrition solution; carbohydrates (dextrose) greater than 50% (500 ml = 1 unit) – home mix.			\$22.02
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit).			\$46.71
B4186	Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit).			\$64.19
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams protein - premix.			\$61.72

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.



## Infusion Therapy

<b>Code</b>	<b>Description</b>	<b>Maximum # units</b>	<b>Part of NH per diem*</b>	<b>Maximum Allowable Fee</b>
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix.			\$123.44
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix.			\$185.16
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein – premix.			\$216.00
B4216	Parenteral nutrition solution; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day.	Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200		\$8.38
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – amirosyn RF, nephramine, renamine – premix.			\$10.76

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

## Infusion Therapy

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine HBC, hepatmine - premix.			\$4.21
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix.			\$3.76
<b>Parenteral Supplies</b>				
B4220	Parenteral nutrition supply kit; premix, <b>per day.</b>	<b>1 unit = 1 day.</b>		\$5.91
B4222	Parenteral nutrition supply kit; home mix, <b>per day.</b>	<b>1 unit = 1 day.</b>		\$9.80
B4224	Parenteral nutrition administration kit, <b>per day.</b>	<b>1 unit = 1 day.</b>		\$18.16
<b>Infusion Therapy Equipment and Supplies</b>				
0018B	Self-contained infusion system for antibiotic delivery; 60-1109 ml capacity; 50-200 ml/hr flow rate; each			\$13.79
0020B	Self-contained infusion system for antibiotic delivery; 205 ml capacity; 175 ml/hr flow rate; each.			\$19.11
0022B	Self-contained infusion system for chemotherapy; 110 ml capacity; 2 ml/hr flow rate (2-day supply); each.			\$27.67

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
0024B	Self-contained infusion system for chemotherapy; 110 ml capacity; 5 ml/hr flow rate (1-day supply); each.			\$21.29
0026B	Self-contained infusion system for antibiotic delivery; 250 ml capacity; variable flow rate, each.			\$20.23
<b>Administration Sets – Stationary– Pump</b>				
0171B	Primary IV set, nonvented, each.			\$10.89
0172B	Primary IV set, vented, each.			\$12.22
0173B	Primary IV set with 0.22 micron low pressure filter, nonvented, each.			\$14.80
0174B	Primary IV set with high pressure 0.22 micron filter and Y-site, nonvented, each.			\$15.18
0175B	Primary IV set with high pressure 0.22 micron filter without Y-site, vented, each.			\$15.18
0176	Primary IV set, no filter, with upper Y injection site, vented, each.			\$11.38
<b>Insulin Infusion Pump</b>				
E0784-1P	External ambulatory infusion pump, insulin. (Modifier required.)	Maximum of one (1) allowed per client, per four years.		\$4,794.34
E0784-RR	External ambulatory infusion pump, insulin. (Modifier required.) <b>Rental per month.</b>	1 unit = 1 month. Maximum of 12 months rental allowed.		\$479.44

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

## Infusion Therapy

<b>Code</b>	<b>Description</b>	<b>Maximum # units</b>	<b>Part of NH per diem*</b>	<b>Maximum Allowable Fee</b>
A4230	Infusion set for external insulin pump, non needle cannula type. (25 per box.).	Maximum of one box allowed per client, per month.		\$201.61
A4231	Infusion set for external insulin pump, needle type. (30 per box.)	Maximum of one box allowed per client, per month.		\$134.41
A4232	Syringe with needle for external insulin pump, sterile, 3 cc. (30 per box.)	Maximum of one box allowed per client, per month.		\$79.21
4582B	Insulin infusion pump case.	Maximum of one allowed per client in five years.		\$42.00
4583B	Disposable power kit for insulin infusion pump only. (Includes nine (9) 1.5 volt batteries, #357 lead screw cleaning brush, and #2 tubing clamps).	Maximum of one allowed per client, per 6 months.		\$31.20
4883B	Insulin infusion pump battery kit. Ten 3 volt silver oxide batteries.	Maximum of one allowed per client, per 10 months.		\$90.14
<b>Administration Set – Nonambulatory – Gravity</b>				
0185B	Primary IV set with 0.22 micron filter, nonvented, each.			\$9.36
0186B	Primary IV set without filter, nonvented, each.			\$5.10
0187B	IV set with flow regulator (e.g., Dial-A-Flow), each.			\$5.91

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
<b>IV Set – TPN – Ambulatory</b>				
0191B	IV set with 0.22 micron filter, each.			\$9.35
0192B	IV set with 1.2 micron filter, each.			\$9.58
0193B	IV set without filter, each.			\$5.11
<b>Filter Sets</b>				
*May bill one of these codes only.				
0201B	Filter set, 0.22 micron, each.			\$4.66
0202B	Filter set, 1.2 microns, each.			\$4.93
<b>Cassettes/Reservoirs and Extension Sets</b>				
0206B	50-ml cassette, each			\$15.77
0207B	100-ml cassette, each			\$18.54
0208B	Remote reservoir adaptors, each.			\$19.00
0211B	Extension set, 30 inches, each. Included in nursing facility daily rate.			\$2.87
0212B	Extension set, 60 inches, each. Included in nursing facility daily rate.			\$3.31
0213B	Extension set, microbore, with Luer lock connections, each. Included in nursing facility daily rate.			\$3.54
0214B	Extension set with Luer lock "T," each. Included in nursing facility daily rate.			\$5.45
0215B	Extension set, non-Luer lock "T," each. Included in nursing facility daily rate.			\$5.01
0216B	Subcutaneous extension set, each. Included in nursing facility daily rate.			\$4.21

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

## Infusion Therapy

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
<b>Miscellaneous Infusion Supplies</b>				
0221B	Injection cap, nonsterile, each. Included in nursing facility daily rate.			\$0.16
0222B	Injection cap, sterile, each. Included in nursing facility daily rate.			\$0.46
0223B	IV catheter, peripheral, each. Included in nursing facility daily rate.			\$1.75
0224B	IV catheter, midline, each. Included in nursing facility daily rate.			\$43.40
0225B	IV bag, 1 liter, with or without set, each. Included in nursing facility daily rate.			\$4.07
0226B	IV bag, 2 liters, with or without set, each. Included in nursing facility daily rate.			\$4.20
0227B	IV bag, 3 liters, with or without set, each. Included in nursing facility daily rate.			\$4.36
0228B	IV bag, 4 liters, with or without set, each. Included in nursing facility daily rate.			\$6.13
0231B	Hyperalimentation set, 80 inches, each. Included in nursing facility daily rate.			\$7.15
0232B	TPN pooling bag, each. Included in nursing facility daily rate.			\$26.76
0233B	TPN mixing containers, each. Included in nursing facility daily rate.			\$7.65

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.

Code	Description	Maximum # units	Part of NH per diem*	Maximum Allowable Fee
<b>Miscellaneous Supplies</b>				
4555A	Gloves, disposable, non-sterile, each. Included in nursing facility daily rate.			\$0.11
4560A	Gloves, disposable, sterile, per pair. Included in nursing facility daily rate.			\$0.76
4580B	Sharps disposal container for home use, up to 1 gallon size; each. Included in nursing facility daily rate.	Maximum of two (2) allowed per client, per month.		\$3.79
0162B	Equipment repair, labor per quarter hour.			\$8.22
0163B	Equipment repair, parts.			85%
4621B	10 quart chemotherapy waste container. Included in nursing facility daily rate.	Maximum of one (1) allowed per client, per week.		\$7.07
4570B	Other medical supplies not listed. Included in nursing facility daily rate. MAA approval required.			B.R.

Bill all dates of service in which equipment/supplies are intended to be used, not to exceed one month increments.